



## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAR STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Hong	Glenn	K.Y.	(808) 543-9322
MAILING ADDRESS (Street)			FAX
P. O. Box 3288			(808) 543-9458
(City)	(State)	(Zip	Code)
Honolulu	Hawaii	96801	
EMPLOYING ORGANIZATION (F	ill in only if you are employed by a business er	ntity which has been retained to lobby)	TELEPHONE
HAWAIIAN TUG AND BARGE			(808) 543-9311
MAILING ADDRESS (Street)		FAX	
P. O. Box 3288			(808) 543-9458
(City)	(State)	(Zip	Code)
Honolulu	Hawaii	96	801

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
HAWAIIAN TUG AND BA	(808) 543-9311		
MAILING ADDRESS (Street)  P. O. Box 3288		FAX	
		(808) 543-9458	
(City)	(State)	(Zip Code)	
Honolulu Hawaii		96801	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		EMENT TELEPHONE	
Lisa M.K. Sakamoto	(808) 543-9409		
MAILING ADDRESS (Street)		FAX	
P. O. Box 3288		(808) 543-9458	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96801	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the info	ormation furnished above is, to th	e best of my knowledge, correct and complete.	
Slean Har		1/26/05	
(S	ignature of Lobbyin)	(Date)	
PART V AUTHORIZATION 1	TO LOBBY		
NAME	TITL	E OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Lisa M.K. Sakamoto		Secretary	
NAME OF ORGANIZATION (if applica	ble)	TELEPHONE	
HAWAIIAN TUG AND BA	RGE	(808) 543-9311	
MAILING ADDRESS (Street)		FAX	
P. O. Box 3288		(808) 543-9458	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96801	
I hereby authorize the abo	ve - named person to engage in l	obbying activities on behalf of the undersigned.	
Summellus		1/26/05	
(Signature of Authorizing Officer or Person Represented)		(Date)	